

(CFA-3)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE.

		FILE NUMBER
1. IS THIS AN AMENDMENT? No Yes If Yes, please enter the file	number in this box -	
SECTION A. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible		
2. Full Name of Committee (Do not abbreviate) Check if this is a new name 3. Acronym or Abbreviated Name (If any)		
Libertarian Party of Marion County 4. Mailing Address (Address where all campaign finance correspondence is received) Check if this is a n	LP.	MC
4. Mailing Address (Address where all campaign finance correspondence is received) Check if this is a new address 5. E-mail Address (Optional)		
133 W. Market St # 159 6. City Tindiunapolis IN 46204 (
6. City State ZIP Code 7. FAX (Optional)	8. Telephone	9. Committee Organization Date
Indianapolis IN 76207	(317, 750.582	(marcorri)
10. Is this committee registered with the Federal Election Commission? Yes No		
11. Type of Regular Party Committee (Check one)		
Ended Day Day Assets J.		
□ National □ State □ Congressional District ₩ County □ City □ Town		
12. Party Affiliation (Check one)		
☐ Democratic ☐ Libertarian ☐ Republican ☐ Other		
13. Chairperson's Name	14. E-mail Address (Optional)	ì .
Jason Sipe 15. Mailing Address	goboleko@	live.com
15. Mailing Address		
24 N. Brand & St. Ipls, In. 46214	(317,730.5828	17. Telephone (Eyening)
18. Treasurer's Name		
John McUSer 20. Mailing Address	treasurer Olpin.org	
20. Mailing Address Check If this is a new address		
3305 Decker Ridge Dr. Indianapolis, IN 46268		765,491-1690
23. Custodian of Records' Name		
25. Mailing Address		
25. Manning Additions [2] Officer if this is a flow additions	26. Telephone (Day)	27. Telephone (Evening)
28. Bank or Other Depositories // ist all hanks or other depositories in which the committee depositories		(
28. Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.) Paypal		
SECTION B. APPOINTMENT OF TREASURER (IC 3-9-1-14)		
29. I, as Chairperson of the foregoing committee, Person Appointed Tressurer		of the Compilities/Chairperson
appoint the following person as Treasurer of the Committee.	or /	1/2/27
SECTION C. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)	. 1	LIX C
30. I give notice that I accept the duties and responsibilities of Treasurer of this Cor	nmittee.	FOR OFFICE USE ONLY
I am not the chairperson of any other campaign finance committee. 31. Typed or Printed Name of Treasurer Signature of Treasurer		7 511 511 152 552 51121
	Date (MM-DD-YY)	
SECTION D. CERTIFICATION OF STATEMENT I certify that I am the duly appointed Chairperson of the Committee and have examined this statement. To the best of my knowledge and helpf it in the committee and have examined this statement.		
To the seat of my knownedge and benefit is true, complete.		
32. Typed or Printed Name of Chairperson Signature of Chairperson	Date (MM-DD-YY)	MAY 21 2013
		MM & L LUIJ
Warning: Any information contained in this statement may hat be spied for sale or used for any commercial purpose. (IC 3-9-4-5) State law requires that any change in this information must be reported within 10 days of the change. (IC 3-9-1-10) A person who		
knowingly files a fraudulent report commits a Class D felony, (IC 3-14-1-13) A person who talls to file a complete or accurate coport		
as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14) and may be subject to civil penalties (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18).		